



ANNUAL PROFESSIONAL PERFORMANCE  
REVIEW AND REPORT ON PROBATIONARY  
SERVICE OF SCHOOL SECRETARY

EMPLOYEE'S FULL NAME BASTIAN, MELISSA										LICENSE SCHOOL SECRETARY DAY					FILE NUMBER														
EMPLOYEE'S COMPLETE HOME ADDRESS (Number and Street)										APT.NO.					EMPLOYEE ID NUMBER														
CITY										STATE					ZIP CODE														
TENURED <input checked="" type="checkbox"/>										PROBATIONER <input type="checkbox"/>					SUBSTITUTE <input type="checkbox"/>														
CURRENT SALARY RATE \$65,508.00										FOR PROBATIONERS: Date of Appointment					Jarama Credit					N.Y.S. Tenure Credit (Max 1 year)					Date of Completion of Probation				
ISC/CFN SCHOOL N601-M540-A. PHILIP RANDOLPH CAMPUS										BOROUGH MANHATTAN										DISTRICT 06									
Printed as of 06-21-11	TIMES NO.	FIRST YEAR			TIMES NO.	SECOND YEAR			TIMES NO.	THIRD YEAR			DAYS IN C.A.R.	OR BORROWED DAYS	SUBSTITUTE SERVICE NO. OF DAYS														
		DAYS	HRS	MIN		DAYS	HRS	MIN		DAYS	HRS	MIN																	
LATENESS*		0	0	0																									
ABSENCE*		5	0	0									127																

\*NOTE: For reports on probationers, complete 1 to 3 years as applicable. For all other personnel use "First Year" to denote current year.

**SECTION 1 - REPORT BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR**

COMMENTS (as checked, "S" indicates Satisfactory, "U" -Unsatisfactory, "D"-Doubtful-first year probation only, "NA"-Not Applicable)

	S	U	ADDITIONAL COMMENTS
<b>A. PERSONAL QUALITIES</b>			
1. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	
2. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	
3. Self-control and manners	<input type="checkbox"/>	<input type="checkbox"/>	
4. Voice, speech and use of English	<input type="checkbox"/>	<input type="checkbox"/>	
5. Resourcefulness and initiative	<input type="checkbox"/>	<input type="checkbox"/>	
6. Good judgment and tact	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. PROFESSIONAL COMPETENCE</b>			
1. Dependability and sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	
2. Neatness, accuracy of work and general efficiency	<input type="checkbox"/>	<input type="checkbox"/>	
3. Promptness in completing assignments according to instructions	<input type="checkbox"/>	<input type="checkbox"/>	
4. Proficiency in operating office machines and equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5. Stenographic skill	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ability to compose routine letters	<input type="checkbox"/>	<input type="checkbox"/>	
7. Flexibility and adaptability to individual school needs	<input type="checkbox"/>	<input type="checkbox"/>	
8. Cooperation with teachers and other personnel	<input type="checkbox"/>	<input type="checkbox"/>	
9. Willingness to volunteer assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	
10. Energy and success in self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. OFFICE MANAGEMENT</b>			
1. Attention to physical conditions and appearance of office and desk	<input type="checkbox"/>	<input type="checkbox"/>	
2. Organization of routine duties	<input type="checkbox"/>	<input type="checkbox"/>	
3. Care of equipment	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ability to organize work to meet due dates	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ability to supervise student helpers	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. SCHOOL AND COMMUNITY RELATIONS</b>			
1. Maintenance of good relations with school personnel	<input type="checkbox"/>	<input type="checkbox"/>	
2. Attitudes toward pupils	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ability to deal tactfully with parents, officials, and the public in person and by telephone	<input type="checkbox"/>	<input type="checkbox"/>	
4. Willingness to render extra service to the school	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. ADDITIONAL REMARKS</b> (additional sheets, signed and acknowledged may be attached): Supporting our Assistant Principals, College Advisor, All students, & guidance suite... Have a wonderful summer!!!			

**SECTION 2 - PERFORMANCE EVALUATION**

OVERALL EVALUATION S, U, or D (D for first year probation only)		SIGNATURE OF PRINCIPAL (If other, give title)		ACKNOWLEDGEMENT BY EMPLOYEE (Have received this report on:)	
S					
For the period: From 9/7/2010 to 6/30/2011		DATE 6/23/2011		DATE 6/24/2011	





ANNUAL PROFESSIONAL PERFORMANCE  
REVIEW AND REPORT ON PROBATIONARY  
SERVICE OF SCHOOL SECRETARY

EMPLOYEE'S FULL NAME BASTIAN, MELISSA										LICENSE SCHOOL SECRETARY DAY										FILE NUMBER [REDACTED]																													
EMPLOYEE'S COMPLETE HOME ADDRESS (Number and Street) [REDACTED]																				APT.NO 4K										EMPLOYEE ID NUMBER [REDACTED]																			
CITY [REDACTED]										STATE [REDACTED]										ZIP CODE [REDACTED]										TENURED <input checked="" type="checkbox"/>					PROBATIONER <input type="checkbox"/>					SUBSTITUTE <input type="checkbox"/>									
CURRENT SALARY RATE \$ 65,508.00										FOR PROBATIONERS: Date of Appointment										Jarema Credit										N.Y.S. Tenure Credit (Max 1 year)										Date of Completion of Probation									
ISC/CFN SCHOOL 01-M540-A. PHILIP RANDOLPH CAMPUS HI										BOROUGH MANHATTAN										DISTRICT 06																													
Printed as of 06-21-10		FIRST YEAR			SECOND YEAR			THIRD YEAR			DAYS IN C.A.R.			OR BORROWED DAYS			SUBSTITUTE SERVICE NO. OF DAYS																																
		TIME LOST			TIME LOST			TIME LOST																																									
		NO.			NO.			NO.																																									
LATENESS*		0			0			0																																									
ABSENCE*		6			0			0															122																										

\*NOTE: For reports on probationers, complete 1 to 3 years as applicable. For all other personnel use "First Year" to denote current year.

**SECTION 1 - REPORT BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR**

COMMENTS (as checked, "S" indicates Satisfactory, "U" -Unsatisfactory, "D-Doubtful-first year probation only, "NA-Not Applicable)	S	U	ADDITIONAL COMMENTS
A. PERSONAL QUALITIES			
1. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	
2. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	
3. Self-control and manners	<input type="checkbox"/>	<input type="checkbox"/>	
4. Voice, speech and use of English	<input type="checkbox"/>	<input type="checkbox"/>	
5. Resourcefulness and initiative	<input type="checkbox"/>	<input type="checkbox"/>	
6. Good judgment and tact	<input type="checkbox"/>	<input type="checkbox"/>	
B. PROFESSIONAL COMPETENCE			
1. Dependability and sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	
2. Neatness, accuracy of work and general efficiency	<input type="checkbox"/>	<input type="checkbox"/>	
3. Promptness in completing assignments according to instructions	<input type="checkbox"/>	<input type="checkbox"/>	
4. Proficiency in operating office machines and equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5. Stenographic skill	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ability to compose routine letters	<input type="checkbox"/>	<input type="checkbox"/>	
7. Flexibility and adaptability to individual school needs	<input type="checkbox"/>	<input type="checkbox"/>	
8. Cooperation with teachers and other personnel	<input type="checkbox"/>	<input type="checkbox"/>	
9. Willingness to volunteer assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	
10. Energy and success in self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	
C. OFFICE MANAGEMENT			
1. Attention to physical conditions and appearance of office and desk	<input type="checkbox"/>	<input type="checkbox"/>	
2. Organization of routine duties	<input type="checkbox"/>	<input type="checkbox"/>	
3. Care of equipment	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ability to organize work to meet due dates	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ability to supervise student helpers	<input type="checkbox"/>	<input type="checkbox"/>	
D. SCHOOL AND COMMUNITY RELATIONS			
1. Maintenance of good relations with school personnel	<input type="checkbox"/>	<input type="checkbox"/>	
2. Attitudes toward pupils	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ability to deal tactfully with parents, officials, and the public in person and by telephone	<input type="checkbox"/>	<input type="checkbox"/>	
4. Willingness to render extra service to the school	<input type="checkbox"/>	<input type="checkbox"/>	
E. ADDITIONAL REMARKS (additional sheets, signed and acknowledged may be attached):			

**SECTION 2 - PERFORMANCE EVALUATION**

OVERALL EVALUATION S, U, or D (D for first year probation only)	S	SIGNATURE OF PRINCIPAL (If other, give title)	ACKNOWLEDGEMENT BY EMPLOYEE (have received this report on:
For the period: From 9/8/2009 to 6/30/2010		DATE	SIGNATURE OF EMPLOYEE 6/27/2010





EMPLOYEE'S FULL NAME BASTIAN, MELISSA		LICENSE SCHOOL SECRETARY DAY		FILE NUMBER [REDACTED]											
EMPLOYEE'S COMPLETE HOME ADDRESS (Number and Street) [REDACTED]		APT.NO. [REDACTED]		EMPLOYEE ID NUMBER [REDACTED]											
CITY [REDACTED]		STATE [REDACTED]		ZIP CODE [REDACTED]											
TENURED <input checked="" type="checkbox"/>		PROBATIONER <input type="checkbox"/>		SUBSTITUTE <input type="checkbox"/>											
CURRENT SALARY RATE \$ \$65,508.00		FOR PROBATIONERS: Date of Appointment Jarema Credit		N.Y.S. Tenure Credit (Max 1 year) Date of Completion of Probation											
ISC/CFN SCHOOL 01-M540-A. PHILIP RANDOLPH CAMPUS HI		BOROUGH MANHATTAN		DISTRICT 06											
Printed as of 06-12-09	FIRST YEAR			SECOND YEAR			THIRD YEAR			DAYS IN C.A.R.	OR BORROWED DAYS	SUBSTITUTE SERVICE NO. OF DAYS			
	TIMES NO.	TIME LOST			TIMES NO.	TIME LOST			TIMES NO.				TIME LOST		
LATENESS*		DAYS	HRS	MIN		DAYS	HRS	MIN		DAYS	HRS	MIN			
ABSENCE*		DAYS	HRS	MIN		DAYS	HRS	MIN		DAYS	HRS	MIN		118	

\*NOTE: For reports on probationers, complete 1 to 3 years as applicable. For all other personnel use "First Year" to denote current year.

SECTION 1 - REPORT BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR			
COMMENTS (as checked, "S" indicates Satisfactory, "U" -Unsatisfactory, "D"-Doubtful-first year probation only, "NA"-Not Applicable)	S	U	ADDITIONAL COMMENTS
A. PERSONAL QUALITIES			
1. Attendance and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	
2. Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	
3. Self-control and manners	<input type="checkbox"/>	<input type="checkbox"/>	
4. Voice, speech and use of English	<input type="checkbox"/>	<input type="checkbox"/>	
5. Resourcefulness and initiative	<input type="checkbox"/>	<input type="checkbox"/>	
6. Good judgment and tact	<input type="checkbox"/>	<input type="checkbox"/>	
B. PROFESSIONAL COMPETENCE			
1. Dependability and sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	
2. Neatness, accuracy of work and general efficiency	<input type="checkbox"/>	<input type="checkbox"/>	
3. Promptness in completing assignments according to instructions	<input type="checkbox"/>	<input type="checkbox"/>	
4. Proficiency in operating office machines and equipment	<input type="checkbox"/>	<input type="checkbox"/>	
5. Stenographic skill	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ability to compose routine letters	<input type="checkbox"/>	<input type="checkbox"/>	
7. Flexibility and adaptability to individual school needs	<input type="checkbox"/>	<input type="checkbox"/>	
8. Cooperation with teachers and other personnel	<input type="checkbox"/>	<input type="checkbox"/>	
9. Willingness to volunteer assistance when needed	<input type="checkbox"/>	<input type="checkbox"/>	
10. Energy and success in self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	
C. OFFICE MANAGEMENT			
1. Attention to physical conditions and appearance of office and desk	<input type="checkbox"/>	<input type="checkbox"/>	
2. Organization of routine duties	<input type="checkbox"/>	<input type="checkbox"/>	
3. Care of equipment	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ability to organize work to meet due dates	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ability to supervise student helpers	<input type="checkbox"/>	<input type="checkbox"/>	
D. SCHOOL AND COMMUNITY RELATIONS			
1. Maintenance of good relations with school personnel	<input type="checkbox"/>	<input type="checkbox"/>	
2. Attitudes toward pupils	<input type="checkbox"/>	<input type="checkbox"/>	
3. Ability to deal tactfully with parents, officials, and the public in person and by telephone	<input type="checkbox"/>	<input type="checkbox"/>	
4. Willingness to render extra service to the school	<input type="checkbox"/>	<input type="checkbox"/>	
E. ADDITIONAL REMARKS (additional sheets, signed and acknowledged may be attached):			

SECTION 2 - PERFORMANCE EVALUATION			
OVERALL EVALUATION S, U, or D (D for first year probation only)	S	SIGNATURE OF PRINCIPAL (if other, give title)	ACKNOWLEDGEMENT BY EMPLOYEE (have received this report on)
For the period: From 8/28/2008 to 6/30/2009		06/22/09 DATE	6/23/2009 DATE







ANNUAL PROFESSIONAL PERFORMANCE  
REVIEW AND REPORT ON PROBATIONARY  
SERVICE OF SCHOOL SECRETARY

EMPLOYEE'S FULL NAME Bastian, Melissa				LICENSE School Secretary				FILE NUMBER [REDACTED]							
EMPLOYEE'S COMPLETE HOME ADDRESS (Number and Street) [REDACTED]				APT NO. [REDACTED]				SOCIAL SECURITY NUMBER [REDACTED]							
CITY [REDACTED]				STATE [REDACTED]				ZIP CODE [REDACTED]							
				TENURED X				PROBATIONER							
								SUBSTITUTE							
CURRENT SALARY RATE \$ 62,325.00				FOR PROBATIONERS: Date of Appointment (Jarema Credit does not apply)				Date of Completion of Probation							
SCHOOL A. Philip Randolph H.S.				BOROUGH Manhattan				DISTRICT 6							
LATENESS*	FIRST YEAR			SECOND YEAR			THIRD YEAR			DAYS IN C.A.R.	OR BORROWED DAYS	SUBSTITUTE SERVICE NO. OF DAYS			
	TIMES NO.	TIME LOST			TIMES NO.	TIME LOST			TIMES NO.				TIME LOST		
		DAYS	HRS.	MIN.		DAYS	HRS.	MIN.		DAYS	HRS.	MIN.			
ABSENCE* Exclude Non-Attendance	2	2													

\* NOTE: For reports on probationers complete 1 to 3 years as applicable. For all other personnel use "First Year" to denote current year.

SECTION 1 - REPORT BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR:

COMMENTS (as checked. "NA" indicates "Not Applicable.")	SATIS-FACTORY	UNSATIS-FACTORY	ADDITIONAL COMMENTS
<b>A. PERSONAL QUALITIES</b>			
1. Attendance and punctuality			
2. Personal appearance			
3. Self-control and manners			
4. Voice, speech, and use of English			
5. Resourcefulness and initiative			
6. Good judgment and tact			
<b>B. PROFESSIONAL COMPETENCE</b>			
1. Dependability and sense of responsibility			
2. Neatness, accuracy of work and general efficiency			
3. Promptness in completing assignments according to instructions			
4. Proficiency in operating office machines and equipment			
5. Stenographic skill			
6. Ability to compose routine letters			
7. Flexibility and adaptability to individual school needs			
8. Cooperation with teachers and other personnel			
9. Willingness to volunteer assistance when needed			
10. Energy and success in self-improvement			
<b>C. OFFICE MANAGEMENT</b>			
1. Attention to physical conditions and appearance of office and desk			
2. Organization of routine duties			
3. Care of equipment			
4. Ability to organize work to meet due dates			
5. Ability to supervise student helpers			
<b>D. SCHOOL AND COMMUNITY RELATIONS</b>			
1. Maintenance of good relations with school personnel			
2. Attitudes toward pupils			
3. Ability to deal tactfully with parents, officials, and the public in person and by telephone			
4. Willingness to render extra service to the school			
<b>E. ADDITIONAL REMARKS (additional sheets, signed and acknowledged may be attached):</b>			
Thank you for your service. I look forward to your continuous support with our assistant principals. HAVE A wonderful summer.			

SECTION 2 - PERFORMANCE EVALUATION

OVERALL EVALUATION S, U, or D (D for first year probation only) S	SIGNATURE OF PRINCIPAL (If other - give title) [Signature] DATE 06/30/08	ACKNOWLEDGMENT BY EMPLOYEE I have received this report on: 6/30/2008 [Signature] DATE SIGNATURE OF EMPLOYEE
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(Complete Reverse Side for Probationary Personnel Only)

25-3200.00.8 (600 pkgs)

D000019

**SECTION 3. - TO BE COMPLETED ONLY FOR PROBATIONARY PERSONNEL**

<b>A. RECOMMENDATION BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR:</b> To be completed and forwarded to the Community Superintendent or, for City District employees, to the responsible Superintendent.	
1. <input type="checkbox"/> I recommend approval for continued probationary service.  <input type="checkbox"/> I recommend certification of completion of probation.	2. <input type="checkbox"/> I recommend discontinuance of probationary service.  <input type="checkbox"/> I recommend denial of certification of completion of probation.
SIGNATURE OF PRINCIPAL (If other, give title) _____ DATE _____	
<b>B. SUPERINTENDENT'S RECOMMENDATION:</b> To be completed by Community or responsible Superintendent and returned to originating unit for employee's acknowledgement.	
I recommend _____  Date _____ Signature of Superintendent _____ (If other, give title)	
<b>C. ACKNOWLEDGEMENT BY PROBATIONARY EMPLOYEE</b>	
I have received this report on: _____  Date: _____ Signature of Employee _____	

## SECTION 4. - DOCUMENTATION

**All recommendations for discontinuance or denial of certification must be accompanied by copies of substantiating documentation attached hereto, including, but not limited to, observation reports, letters, time cards or time sheets, or other relevant material.**

[illegible]

## RULES AND INSTRUCTIONS

1. For "Satisfactory" evaluations, prepare two copies: Copy 1 for the employee, copy 2 for the school file.
2. For adverse evaluations (U or D), prepare four copies for distribution as follows: Copy 1 for employee, copy 2 for school file, copy 3 to the appropriate superintendent and copy 4 to the Bureau of Teacher Records, 65 Court St., Brooklyn, N.Y. 11201.
3. For recommendations for continued service or completion of probation for probationers, prepare three copies of report for distribution as follows: Copy 1 for superintendent, copy 2 for originating school and copy 3 for the employee.
4. For recommendations for discontinuance or denial for probationers, prepare *eight copies* of report and *seven complete sets* of documentation as listed in 'Section 4' of this form for distribution as follows: Copies 1, 2 and 3 (with documentation attached) as listed in Rule 3; Copy 4 (without documentation) to the Bureau of Teacher Records; Copies 5, 6, 7 and 8 (with documentation attached to the Office of Appeals and Reviews, 65 Court Street - Room 717, Brooklyn, N. Y. 11201.
5. Appeals: An appeal from adverse evaluation (U or D) must be made in writing by the employee and forwarded to the Executive Director of the Division of Personnel for the attention of the Director, Office of Appeals and Reviews within three weeks after receipt of such adverse evaluation (exclusive of the summer vacation).
6. All personnel are hereby advised of their right to submit written comments concerning:
  - a) each observation report on their performance
  - b) evaluation reports





ANNUAL PROFESSIONAL PERFORMANCE  
REVIEW AND REPORT ON PROBATIONARY  
SERVICE OF SCHOOL SECRETARY

EMPLOYEE'S FULL NAME				LICENSE				FILE NUMBER							
ET	M BASTIAN				APT. NO.				SOCIAL SECURITY NUMBER						
CI					STATE				ZIP CODE		TENURED	PROBATIONER	SUBSTITUTE		
CL					Date of Appointment				Date of Completion of Probation						
\$					(Jarema Credit does not apply)										
SCHOOL				BOROUGH				DISTRICT							
LATENESS*	FIRST YEAR				SECOND YEAR				THIRD YEAR				DAYS IN C.A.R.	OR BOR-ROWED DAYS	SUBSTITUTE SERVICE NO. OF DAYS
	TIMES NO.	TIME LOST			TIMES NO.	TIME LOST			TIMES NO.	TIME LOST					
		DAYS	HRS.	MIN.		DAYS	HRS.	MIN.		DAYS	HRS.	MIN.			
ABSENCE*	1	1													
Exclude Non-Attendance															
* NOTE: For reports on probationers complete 1 to 3 years as applicable. For all other personnel use "First Year" to denote current year.															

SECTION 1 - REPORT BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR:

COMMENTS (as checked. "NA" indicates "Not Applicable.")	SATIS-FACTORY	UNSATIS-FACTORY	ADDITIONAL COMMENTS
A. PERSONAL QUALITIES			
1. Attendance and punctuality			
2. Personal appearance			
3. Self-control and manners			
4. Voice, speech, and use of English			
5. Resourcefulness and initiative			
6. Good judgment and tact			
B. PROFESSIONAL COMPETENCE			
1. Dependability and sense of responsibility			
2. Neatness, accuracy of work and general efficiency			
3. Promptness in completing assignments according to instructions			
4. Proficiency in operating office machines and equipment			
5. Stenographic skill			
6. Ability to compose routine letters			
7. Flexibility and adaptability to individual school needs			
8. Cooperation with teachers and other personnel			
9. Willingness to volunteer assistance when needed			
10. Energy and success in self-improvement			
C. OFFICE MANAGEMENT			
1. Attention to physical conditions and appearance of office and desk			
2. Organization of routine duties			
3. Care of equipment			
4. Ability to organize work to meet due dates			
5. Ability to supervise student helpers			
D. SCHOOL AND COMMUNITY RELATIONS			
1. Maintenance of good relations with school personnel			
2. Attitudes toward pupils			
3. Ability to deal tactfully with parents, officials, and the public in person and by telephone.			
4. Willingness to render extra service to the school			
E. ADDITIONAL REMARKS (additional sheets, signed and acknowledged may be attached):			
Thank you for all your dedication & support in the College office!			
We hope to provide you with opportunities to learn payroll & purchasing for your professional growth.			

SECTION 2 - PERFORMANCE EVALUATION

OVERALL EVALUATION S, U, or D (D for first year probation only)	SIGNATURE OF PRINCIPAL (If other - give title)	ACKNOWLEDGMENT BY EMPLOYEE I have received this report on:
S		
For the period:		
From 8/31/06 to 6/29/07	DATE 06/22/07	DATE 6/22/07 SIGNATURE OF EMPLOYEE

(Complete Reverse Side for Probationary Personnel Only)

**SECTION 3. - TO BE COMPLETED ONLY FOR PROBATIONARY PERSONNEL**

<b>A. RECOMMENDATION BY PRINCIPAL OR OTHER APPROPRIATE SUPERVISOR:</b> To be completed and forwarded to the Community Superintendent or, for City District employees, to the responsible Superintendent.	
1. <input type="checkbox"/> I recommend approval for continued probationary service.  <input type="checkbox"/> I recommend certification of completion of probation.	2. <input type="checkbox"/> I recommend discontinuance of probationary service.  <input type="checkbox"/> I recommend denial of certification of completion of probation.
SIGNATURE OF PRINCIPAL (If other, give title) _____ DATE _____	
<b>B. SUPERINTENDENT'S RECOMMENDATION:</b> To be completed by Community or responsible Superintendent and returned to originating unit for employee's acknowledgement.	
I recommend _____  Date _____ Signature of Superintendent _____ (If other, give title)	
<b>C. ACKNOWLEDGEMENT BY PROBATIONARY EMPLOYEE</b>	
I have received this report on:  Date: _____ Signature of Employee _____	

## SECTION 4. - DOCUMENTATION

All recommendations for discontinuance or denial of certification must be accompanied by copies of substantiating documentation attached hereto, including, but not limited to, observation reports, letters, time cards or time sheets, or other relevant material.

[illegible]

## RULES AND INSTRUCTIONS

1. For "Satisfactory" evaluations, prepare two copies: Copy 1 for the employee, copy 2 for the school file.
2. For adverse evaluations (U or D), prepare four copies for distribution as follows: Copy 1 for employee, copy 2 for school file, copy 3 to the appropriate superintendent and copy 4 to the Bureau of Teacher Records, 65 Court St., Brooklyn, N.Y. 11201.
3. For recommendations for continued service or completion of probation for probationers, prepare three copies of report for distribution as follows: Copy 1 for superintendent, copy 2 for originating school and copy 3 for the employee.
4. For recommendations for discontinuance or denial for probationers, prepare **eight copies** of report and **seven complete sets** of documentation as listed in 'Section 4' of this form for distribution as follows: Copies 1, 2 and 3 (with documentation attached) as listed in Rule 3; Copy 4 (without documentation) to the Bureau of Teacher Records; Copies 5, 6, 7 and 8 (with documentation attached to the Office of Appeals and Reviews, 65 Court Street - Room 717, Brooklyn, N. Y. 11201.
5. Appeals: An appeal from adverse evaluation (U or D) must be made in writing by the employee and forwarded to the Executive Director of the Division of Personnel for the attention of the Director, Office of Appeals and Reviews within three weeks after receipt of such adverse evaluation (exclusive of the summer vacation).
6. All personnel are hereby advised of their right to submit written comments concerning:
  - a) each observation report on their performance
  - b) evaluation reports